

Claimant's Name Bob Clark			SSN or Employee ID Number (on file)		Department Office of Real Estate Appraisers	
Position Director		CC/ID Number Exempt	Division or Bureau Executive Office			Index Number
Residence Address (on file)			Headquarters Address 1102 Q Street, Suite 4100			Telephone Number (on file)
City (on file)	State	Zip Code	City Sacramento		State CA	Zip Code 95811

[illegible]

42.76

Purpose of Trip, Remarks and Details: (Attach receipts, vouchers when required)		Normal Work Hours 8:00 AM - 5:00 PM
7/16/09 - Southern California Chapter of the Appraisal Institute Conference		Private Vehicle License Number (on file)
		Mileage Rate Claimed 0.55
		AGENCY ACCOUNTING OFFICE USE ONLY
I HEREBY CERTIFY That the above is a true statement of travel expenses incurred by me in accordance with DPA rules in the service of the state of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements asprescribed by SAM Sections 0751, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		Paid by Revolving Fund Check Number

Claimant's signature

Date _____

Signature of Officer Approving Travel and Payment

Date _____

Signature and Title of Authority for Special Expenses (see item 17 on reverse)

Date _____

TRAVEL EXPENSE CLAIM (STD 262) – RECEIPTS
(Bob Clark - July, 2009)

SHELL 57 442 718905
 5551 W CENTURY 81B0174
 LOS ANGELES CA 90045

Descr.	qty	amount
UNLD CA #10	1.3076	3.76
@ 2.879/ G		
Prepay Fuel		-5.00
Sub Total		-1.24
Tax		0.00
TOTAL		-1.24
CASH \$		-1.24

CAMEL SPECIAL!
\$4.69+TAX/PK!!
WHEN YOU BUY 2PK!!

REG# 0002 CSH# 009 DR# 01 TRAN# 21865
 07/16/09 19:07:16 STM AB123

5309951

445099 00183 88466
 SSGE AME INN DO
 COMPANY YY AIRPORT
 SSGE AME INN DO. (CA)

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
		Sac Int		15.00
		Parking		
DATE		AUTHORIZATION		
7/16/09				
REFERENCE NO.		REG/DEPT.	SUB TOTAL	
42839		52		
FOLIO/CHECK NO.		SERVER/CLERK	TAX	
SALES SLIP			TIPS	
			MISC.	
			TOTAL	15.00

BANK COPY